

# Foster Family Home - Corrective Action Report

Provider ID: 1-558877

Home Name: Celeste Domingo, CNA      Review ID: 1-558877-4

91-147 Fort Weaver Road      Reviewer:

Ewa Beach      HI      96706      Begin Date: 11/10/2016      End Date: 11/10/16

Foster Family Home      Required Certificate      [17-1454-6]

6.(d)(1)      Comply with all applicable requirements in this chapter, and

Comment: -----

Home visit for a 2 person CCFFH recertification review made on 11/10/16. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager  
*C. Domingo*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date  
*11/10/16*  
\_\_\_\_\_  
Date